

Service Contract Review Summary Report - DSPD SFY 2008 - Short Form

'Rate Based Contracts - Open Ended'

Form Content Updated 9/12/2007

Sample Size:

Division: Division of Services for People With Disabilities

Review Date:

Reviewer(s):

(1) (2)

Provider Name: **Prov #**

Contract #(s):

Review Location(s):

Service Type(s):

Purpose: To provide Support Coordination -External Services **Effective Date:** 7/1/2006 to 6/30/2010

Compliance Ratings: Y = Yes; N = No; N/A = Not Applicable

CONTRACT MONITORING PLAN

Program Requirements/Scope of Work	Compliance? (Yes / No / N/A)				Comments
1) Assessment requirements (SC)	Yes	No	N/A	Major _____	1. Long Form
				Significant _____	
				Minor _____	
2) Clients match program description. (SC) (eligibility / utilization)	Yes	No	N/A	Major _____	2. Long Form
				Significant _____	
				Minor _____	
3) Treatment and service requirements	Yes	No	N/A	Major _____	3. Long Form
				Significant _____	
				Minor _____	
4) Documentation/client record requirements	Yes	No	N/A	Major _____	4. Long Form
				Significant _____	
				Minor _____	
5) Staff Training, Competency & Tracking	Yes	No	N/A	Major _____	5. Long Form
				Significant _____	
				Minor _____	
6) Staff requirements	Yes	No	N/A	Major _____	6. Long Form
				Significant _____	
				Minor _____	

Client Centered Outcomes	Compliance? (Yes / No / N/A)				Comments
7) Client outcomes are included in all client files.	Yes	No	N/A	Major _____	8. Long Form
				Significant _____	
				Minor _____	
8) Data for client outcomes has been collected by the Provider. (i.e. outcomes based on assessment data, progress reports, etc).	Yes	No	N/A	Major _____	9. Long Form
				Significant _____	
				Minor _____	
Ensure Monthly Progress Reports processed					

Client Wellness	Compliance? (Yes / No / N/A)				Comments
9) Methods or system in place to prevent abuse, neglect, or exploitation.	Yes	No	N/A	Major _____	10. Long Form
				Significant _____	
				Minor _____	